Hawaii Dept. of Health, Office of Health Care Assurance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 12G020 06/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **852 PAAHANA STREET** THE ARC IN HAWAII - 6 A HONOLULU, HI 96816 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) 9 000 INITIAL COMMENTS 9 000 0 A licensure survey was conducted by the Offfice of Health Care Assurance (State Agency) on 06/12/2019 through 06/14/2019. The census at entrance was five clients. 9 173 6/17/19 9 173 11-99-20(b)(1) NURSING SERVICES Plan of Action Assigned Registered Nurse created, In facilities with residents certified implemented and trained home and ADH staff by a physician as not needing nursing on HMP for (C) 2 Risk of UTI on 6/17/19. services, arrangements shall be made with a qualified outside resource to provide at least the following: 7/31/19 Systemic An assessment of each resident with HMP's should be written if there is any change recommendations to be carried out in in the client's status. Staff should be trained the active treatment program. immediately to ensure that the HMP is This Statute is not met as evidenced by: understood and that proper implementation is Based on interview and record review one Client carried out. IDT to discuss changes and (C)2 was not care planned for urinary tract updates during bi-monthly meetings or as infection (UTI). needed. All ICF homes will be retrained by the Findings include: assigned nurses on how to prevent UTI's, identify sign and symptoms of a UTI and the Incident reports for C2 reviewed. Incident report awareness that there is an increase possibility for C2 dated 01/23/19 reviewed. C2 taken to ER of UTI in those who are using incontinent via ambulance and diagnosed with UTI. briefs by July 31, 2019. Description of incident: stated nurse manager reported that staff had difficulty waking up C2. Nurse manger instructed Adult Day Health (ADH) on-going Quality Assurance staff to call 911. Client was treated in the ER and Assigned nurses and Nurse Manager to discharged home. Follow up with Primary Care complete quarterly reviews of HMPs and as Provider (PCP) on 01/25/19. Plan of Action needed. Quality Assurance committee to meet (POA) stated to continue antibiotics, encourage quarterly to discuss findings and provide fluid intake, practice good personal hygiene (wipe correction action as needed. front to back after using the toilet), encourage to use the toilet every 2 hours educate caregivers about the signs & symptoms and prevention of UTI. Handout on urinary tract infections in women given to staff at discharge. MD Office of Health Care Assurance

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Chustrio Meng, Director of Programs & Services 7/9/19

STATE FORM

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If continuation sheet 1 of

PRINTED: 06/24/2019

FORM APPROVED Hawaii Dept. of Health, Office of Health Care Assurance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_\_ B. WING 12G020 06/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **852 PAAHANA STREET** THE ARC IN HAWAII - 6 A HONOLULU, HI 96816 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 9 173 Continued From page 1 9 173 Consultation / progress note dated 01/25/19 reviewed "continue same". Return to clinic in two weeks. Incident report for C2 dated 01/29/19 reviewed. C2 was taken to the ER for blood in the urine and low systolic blood pressure. C2 was diagnosed with dehydration, blood in urine and low blood pressure and discharged home. Handout was given to staff, Dehydration (Adult). Dehydration occurs when your body loses too much fluid. This may be the result of prolonged vomiting or diarrhea, excessive sweating, or a high fever. It may also happen if you don't drink enough fluid when you're sick or out in the heat. Drink at least 12-8 ounce glasses of fluid every day to resolve the dehydration. Description of incident noted by the Registered Nurse (RN) stated staff called to check on client because she noticed some blood in the toilet when she took the client to use the bathroom. Upon my assessment, I noticed some drops of blood in the toilet. Home manger brought her to see her PCP, at the doctors office client's systolic blood pressure was between 79 to 84 (low). Per PCP advised the home manager to bring the client to the ER. Client received intravenous (IV) fluids and Rocephin (a broad spectrum antibiotic medication). POA: Continue to monitor client, follow MD recommendations after discharge, follow up with PCP, monitor blood pressure and urine/ stool for blood. Encourage more fluid intake (drink 12-8 ounces of fluid a day, seek

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medical advice if symptoms worsen (vomiting, fever, reduced urine output, weakness, fainting).

An incident report dated 05/10/19 stated C2 was seen and treated in the emergency department (ER) for a urinary tract infection. Description of

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I was told to check frequently and keep her dry to

FORM APPROVED Hawaii Dept. of Health, Office of Health Care Assurance STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION A. BUILDING: \_\_\_ B. WING \_\_ 12G020 06/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **852 PAAHANA STREET** THE ARC IN HAWAII - 6 A HONOLULU, HI 96816 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TA

| PREFIX  <br>TAG | (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | PREFIX<br>TAG | (EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | DATE |
|-----------------|---|---------------|---|------|
| 9 173           | Continued From page 3 identify and prevent UTI, make sure she's being clean, we do the cleaning. Here we use wipes, We put water and clean with the gloves. We bring C2 to the restroom every two hours but she doesn't go all the time when we take her she will stay for 10 or 15 minutes. She doesn't always go then she might go after we bring her back. When asked how often does the client receive fluids and how is her fluid intake heing monitored? Teacher  | 9 173         |   |      |
|                 | how is her fluid intake being monitored? Teacher replied snack time, lunch time, before she goes home. If she gets soda or juice 2 ½ to three cups. We write the amount in her communication book that goes home with her so the home knows how much fluid she takes in class during her day. When asked how do you identify signs and symptoms of UTI? Replied C2 gets sleepy, and if she urinates the smell is different. When she pees only a little then she could have an infection. She doesn't show any facial expressions. We call the nurse if she is very sleepy. There are times when we have a hard time waking her up, if she's okay she'll wake up.   |               |   |      |
|                 | During an interview with the Home Manager (HM) on 06/14/19 at 10:25 AM when asked after the ER visit on 01/23/19 did you receive any instructions from the nurse on how to prevent UTI? HM replied we had to give her antibiotics for 7 days and were encouraged to give her cranberry juice and keep her hydrated. We toilet her often, give her time to have a bowel movement. On average when the clients are home between 3-11 PM after program, after dinner, and just before they go to bed. They are checked on after they're in bed and the next change of shift. We write down what and how much C2 drinks on her medication administration record. With afternoon snack and meals she gets one cup of water and she gets a cranberry juice. Usually if she's having a hard time drinking, |               |   |      |

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Hawaii Dept. of Health, Office of Health Care Assurance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING 12G020 06/14/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **852 PAAHANA STREET** THE ARC IN HAWAII - 6 A HONOLULU, HI 96816 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 9 173 Continued From page 4 9 173 we call the nurse right away. The Speech therapist evaluated her not too long after the ER visit. She recommended giving the fluid nectar consistency. Now she drinks more fluids. I put the fluid in her bowl and she can use the spoon. When asked how do the staff know when C2 has a UTI and replied, we pay attention to the odor, if its strong or if she's not urinating very much, or if the urine is super dark or not yellow C2 usually gets very very tired, outside of her baseline. When she has has a UTI she doesn't wake up and is very lethargic. During an interview with RN1 on 06/14/19 at 10:31 AM queried what interventions were implemented after the ER visit when client was seen and treated with a UTI? RN1 stated we educated the HM about UTI and prevention, giving cranberry juice, hygiene wiping front to back when cleaning after using the restroom. RN1 queried if C2's health maintenance plan was updated specifically for UTI? RN looked through the clients record and responded that she doesn't have a plan, and probably should have one.

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